



QUARTERLY STATEMENT
AS OF September 30, 2011
OF THE CONDITION AND AFFAIRS OF THE
McLAREN HEALTH PLAN, INC

NAIC Group Code	4700 (Current Period)	4700 (Prior Period)	NAIC Company Code	95848	Employer's ID Number	383383640
Organized under the Laws of	Michigan		State of Domicile or Port of Entry	Michigan		
Country of Domicile	United States of America					
Licensed as business type:	Life, Accident & Health[] Dental Service Corporation[] Other[]		Property/Casualty[] Vision Service Corporation[] Is HMO Federally Qualified? Yes[] No[X] N/A[]		Hospital, Medical & Dental Service or Indemnity[] Health Maintenance Organization[X]	
Incorporated/Organized	09/12/1997		Commenced Business	08/01/1998		
Statutory Home Office	G-3245 Beecher Rd. (Street and Number)		FLINT, MI 48532 (City, or Town, State and Zip Code)			
Main Administrative Office			G-3245 Beecher Rd. (Street and Number)			
	FLINT, MI 48532 (City or Town, State and Zip Code)		(810)733-9723 (Area Code) (Telephone Number)			
Mail Address	G-3245 Beecher Rd. (Street and Number or P.O. Box)		FLINT, MI 48532 (City, or Town, State and Zip Code)			
Primary Location of Books and Records			G-3245 Beecher Rd. (Street and Number)			
	FLINT, MI 48532 (City, or Town, State and Zip Code)		(810)733-9723 (Area Code) (Telephone Number)			
Internet Web Site Address	www.mclarenhealthplan.org					
Statutory Statement Contact	CHERYL WESTOBY (Name)		(810)733-9723 (Area Code)(Telephone Number)(Extension)			
	cherylwe@mclaren.org (E-Mail Address)		(810)733-9652 (Fax Number)			

OFFICERS

Name	Title
KATHY KENDALL	President
KEVIN TOMPKINS	Chairman
DON KOOY	Secretary
DAVE MAZURKIEWICZ	Treasurer

OTHERS

CAROL SOLOMON, Chief Financial Officer

DIRECTORS OR TRUSTEES

KATHY KENDALL	DON KOOY
RONALD SHAHEEN D.O.	KEVIN TOMPKINS
DENNIS LAFOREST	PATRICK HAYES
DAVE MAZURKIEWICZ	LAKISHA ATKINS

State of Michigan
County of Genesee ss

The officers of this reporting entity, being duly sworn, each depose and say that they are the described officers of the said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

(Signature)	(Signature)	(Signature)
KATHY KENDALL	DAVE MAZURKIEWICZ	CAROL SOLOMON
(Printed Name)	(Printed Name)	(Printed Name)
1.	2.	3.
President	Treasurer	Chief Financial Officer
(Title)	(Title)	(Title)
Subscribed and sworn to before me this	a. Is this an original filing?	Yes[X] No[]
day of , 2011	b. If no,	
	1. State the amendment number	
	2. Date filed	
	3. Number of pages attached	
(Notary Public Signature)		

ASSETS

		Current Statement Date			4
		1	2	3	
		Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 - 2)	December 31 Prior Year Net Admitted Assets
1.	Bonds				
2.	Stocks:				
2.1	Preferred stocks				
2.2	Common stocks	21,017,318		21,017,318	17,898,510
3.	Mortgage loans on real estate:				
3.1	First liens				
3.2	Other than first liens				
4.	Real estate:				
4.1	Properties occupied by the company (less \$.....0 encumbrances)	2,793,882		2,793,882	2,959,988
4.2	Properties held for the production of income (less \$.....0 encumbrances)				
4.3	Properties held for sale (less \$.....0 encumbrances)				
5.	Cash (\$.....(4,410,612)), cash equivalents (\$.....0) and short-term investments (\$.....98,864,242)	94,453,630		94,453,630	98,229,158
6.	Contract loans (including \$.....0 premium notes)				
7.	Derivatives				
8.	Other invested assets				
9.	Receivables for securities				
10.	Securities lending reinvested collateral assets				
11.	Aggregate write-ins for invested assets	486,986	340,595	146,390	119,091
12.	Subtotals, cash and invested assets (Lines 1 to 11)	118,751,815	340,595	118,411,220	119,206,746
13.	Title plants less \$.....0 charged off (for Title insurers only)				
14.	Investment income due and accrued	20,935		20,935	15,248
15.	Premiums and considerations:				
15.1	Uncollected premiums and agents' balances in the course of collection	587,593		587,593	510,153
15.2	Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$.....0 earned but unbilled premiums)				
15.3	Accrued retrospective premiums				
16.	Reinsurance:				
16.1	Amounts recoverable from reinsurers	430,440		430,440	448,207
16.2	Funds held by or deposited with reinsured companies				
16.3	Other amounts receivable under reinsurance contracts				
17.	Amounts receivable relating to uninsured plans				
18.1	Current federal and foreign income tax recoverable and interest thereon				
18.2	Net deferred tax asset				
19.	Guaranty funds receivable or on deposit				
20.	Electronic data processing equipment and software	151,547	15,994	135,553	64,364
21.	Furniture and equipment, including health care delivery assets (\$.....0)	302,352	302,352		
22.	Net adjustments in assets and liabilities due to foreign exchange rates				
23.	Receivables from parent, subsidiaries and affiliates	950,230	12,484	937,746	703,253
24.	Health care (\$.....1,502,669) and other amounts receivable	1,518,137		1,518,137	3,367,334
25.	Aggregate write-ins for other than invested assets				
26.	Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	122,713,050	671,426	122,041,624	124,315,304
27.	From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
28.	Total (Lines 26 and 27)	122,713,050	671,426	122,041,624	124,315,304
DETAILS OF WRITE-INS					
1101.	INVENTORY	34,163	34,163		
1102.	DEFERRED CHARGES EQUIP FEES	20,651	20,651		
1103.	PREPAID EXPENSES	285,781	285,781		
1198.	Summary of remaining write-ins for Line 11 from overflow page	146,390		146,390	119,091
1199.	TOTALS (Lines 1101 through 1103 plus 1198) (Line 11 above)	486,986	340,595	146,390	119,091
2501.	.....			
2502.	.....			
2503.	.....			
2598.	Summary of remaining write-ins for Line 25 from overflow page				
2599.	TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)				

LIABILITIES, CAPITAL AND SURPLUS

		Current Period			Prior Year
		1 Covered	2 Uncovered	3 Total	4 Total
1.	Claims unpaid (less \$.0 reinsurance ceded)	45,332,804		45,332,804	35,223,559
2.	Accrued medical incentive pool and bonus amounts	2,650,513		2,650,513	3,194,228
3.	Unpaid claims adjustment expenses	854,064		854,064	854,064
4.	Aggregate health policy reserves				
5.	Aggregate life policy reserves				
6.	Property/casualty unearned premium reserve				
7.	Aggregate health claim reserves				
8.	Premiums received in advance	1,220,575		1,220,575	3,239,830
9.	General expenses due or accrued	2,420,706		2,420,706	1,913,055
10.1	Current federal and foreign income tax payable and interest thereon (including \$.0 on realized gains (losses))				
10.2	Net deferred tax liability				
11.	Ceded reinsurance premiums payable				
12.	Amounts withheld or retained for the account of others	98,462		98,462	66,107
13.	Remittances and items not allocated				
14.	Borrowed money (including \$.0 current) and interest thereon \$.0 (including \$.0 current)				
15.	Amounts due to parent, subsidiaries and affiliates	1,377,799		1,377,799	1,147,635
16.	Derivatives				
17.	Payable for securities				
18.	Payable for securities lending				
19.	Funds held under reinsurance treaties with (\$.0 authorized reinsurers and \$.0 unauthorized reinsurers)				
20.	Reinsurance in unauthorized companies				
21.	Net adjustments in assets and liabilities due to foreign exchange rates				
22.	Liability for amounts held under uninsured plans				
23.	Aggregate write-ins for other liabilities (including \$.0 current)	581,382		581,382	581,382
24.	Total liabilities (Lines 1 to 23)	54,536,305		54,536,305	46,219,861
25.	Aggregate write-ins for special surplus funds	X X X	X X X		
26.	Common capital stock	X X X	X X X		
27.	Preferred capital stock	X X X	X X X		
28.	Gross paid in and contributed surplus	X X X	X X X	1,140,000	1,140,000
29.	Surplus notes	X X X	X X X		
30.	Aggregate write-ins for other than special surplus funds	X X X	X X X		
31.	Unassigned funds (surplus)	X X X	X X X	66,365,320	76,955,443
32.	Less treasury stock, at cost:				
32.1	.0 shares common (value included in Line 26 \$.0)	X X X	X X X		
32.2	.0 shares preferred (value included in Line 27 \$.0)	X X X	X X X		
33.	Total capital and surplus (Lines 25 to 31 minus Line 32)	X X X	X X X	67,505,320	78,095,443
34.	Total Liabilities, capital and surplus (Lines 24 and 33)	X X X	X X X	122,041,624	124,315,304
DETAILS OF WRITE-INS					
2301.	ACCRUED PENSION	581,382		581,382	581,382
2302.					
2303.					
2398.	Summary of remaining write-ins for Line 23 from overflow page				
2399.	TOTALS (Lines 2301 through 2303 plus 2398) (Line 23 above)	581,382		581,382	581,382
2501.		X X X	X X X		
2502.		X X X	X X X		
2503.		X X X	X X X		
2598.	Summary of remaining write-ins for Line 25 from overflow page	X X X	X X X		
2599.	TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)	X X X	X X X		
3001.		X X X	X X X		
3002.		X X X	X X X		
3003.		X X X	X X X		
3098.	Summary of remaining write-ins for Line 30 from overflow page	X X X	X X X		
3099.	TOTALS (Lines 3001 through 3003 plus 3098) (Line 30 above)	X X X	X X X		

STATEMENT OF REVENUE AND EXPENSES

		Current Year To Date		Prior Year To Date	Prior Year Ended December 31
		1 Uncovered	2 Total	3 Total	4 Total
1.	Member Months	X X X	827,322	799,457	1,073,558
2.	Net premium income (including \$.....0 non-health premium income)	X X X	232,936,619	223,203,591	302,633,809
3.	Change in unearned premium reserves and reserves for rate credits	X X X			
4.	Fee-for-service (net of \$.....0 medical expenses)	X X X			
5.	Risk revenue	X X X			
6.	Aggregate write-ins for other health care related revenues	X X X	(933,479)	(944,655)	(1,200,992)
7.	Aggregate write-ins for other non-health revenues	X X X			
8.	Total revenues (Lines 2 to 7)	X X X	232,003,140	222,258,936	301,432,817
Hospital and Medical:					
9.	Hospital/medical benefits		165,790,502	157,154,514	209,962,112
10.	Other professional services		2,116,414	1,840,397	2,437,097
11.	Outside referrals				
12.	Emergency room and out-of-area		8,966,119	10,413,773	10,239,701
13.	Prescription drugs		23,703,421	22,393,540	29,439,704
14.	Aggregate write-ins for other hospital and medical				
15.	Incentive pool, withhold adjustments and bonus amounts		1,465,645	1,748,561	2,324,388
16.	Subtotal (Lines 9 to 15)		202,042,101	193,550,785	254,403,001
Less:					
17.	Net reinsurance recoveries		1,008,382	446,238	1,166,200
18.	Total hospital and medical (Lines 16 minus 17)		201,033,719	193,104,547	253,236,801
19.	Non-health claims (net)				
20.	Claims adjustment expenses, including \$.....431,653 cost containment expenses		2,158,267	1,885,358	2,084,395
21.	General administrative expenses		21,242,214	19,712,182	27,284,835
22.	Increase in reserves for life and accident and health contracts (including \$.....0 increase in reserves for life only)				
23.	Total underwriting deductions (Lines 18 through 22)		224,434,200	214,702,087	282,606,031
24.	Net underwriting gain or (loss) (Lines 8 minus 23)	X X X	7,568,940	7,556,849	18,826,786
25.	Net investment income earned		(342,577)	(244,982)	(321,809)
26.	Net realized capital gains (losses) less capital gains tax of \$.....0		137	(855)	(10,955)
27.	Net investment gains or (losses) (Lines 25 plus 26)		(342,439)	(245,837)	(332,764)
28.	Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$.....0) (amount charged off \$.....0)]				
29.	Aggregate write-ins for other income or expenses				
30.	Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29)	X X X	7,226,501	7,311,012	18,494,021
31.	Federal and foreign income taxes incurred	X X X			
32.	Net income (loss) (Lines 30 minus 31)	X X X	7,226,501	7,311,012	18,494,021
DETAILS OF WRITE-INS					
0601.	OTHER HEALTH CARE RELATED REVENUE	X X X	12,955	13,861	17,815
0602.	QAAP TAX	X X X			55,242
0603.	MPCA	X X X	(946,435)	(958,516)	(1,274,048)
0698.	Summary of remaining write-ins for Line 6 from overflow page	X X X			
0699.	TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above)	X X X	(933,479)	(944,655)	(1,200,992)
0701.	.....	X X X			
0702.	.....	X X X			
0703.	.....	X X X			
0798.	Summary of remaining write-ins for Line 7 from overflow page	X X X			
0799.	TOTALS (Lines 0701 through 0703 plus 0798) (Line 7 above)	X X X			
1401.	.....			
1402.	.....			
1403.	.....			
1498.	Summary of remaining write-ins for Line 14 from overflow page				
1499.	TOTALS (Lines 1401 through 1403 plus 1498) (Line 14 above)				
2901.	LOSS ON SALE OF EQUIPMENT				
2902.	.....			
2903.	.....			
2998.	Summary of remaining write-ins for Line 29 from overflow page				
2999.	TOTALS (Lines 2901 through 2903 plus 2998) (Line 29 above)				

STATEMENT OF REVENUE AND EXPENSES (Continued)

		1	2	3
		Current Year To Date	Prior Year To Date	Prior Year Ended December 31
CAPITAL & SURPLUS ACCOUNT				
33.	Capital and surplus prior reporting year	78,095,443	69,822,552	69,822,552
34.	Net income or (loss) from Line 32	7,226,501	7,311,012	18,494,021
35.	Change in valuation basis of aggregate policy and claim reserves			
36.	Change in net unrealized capital gains (losses) less capital gains tax of \$.....0	(9,073)	682,005	700,632
37.	Change in net unrealized foreign exchange capital gain or (loss)			
38.	Change in net deferred income tax			
39.	Change in nonadmitted assets	(31,375)	293,593	302,062
40.	Change in unauthorized reinsurance			
41.	Change in treasury stock			
42.	Change in surplus notes			
43.	Cumulative effect of changes in accounting principles			
44.	Capital Changes:			
44.1	Paid in			
44.2	Transferred from surplus (Stock Dividend)			
44.3	Transferred to surplus			
45.	Surplus adjustments:			
45.1	Paid in			
45.2	Transferred to capital (Stock Dividend)			
45.3	Transferred from capital			
46.	Dividends to stockholders	(18,000,000)	(11,000,000)	(11,000,000)
47.	Aggregate write-ins for gains or (losses) in surplus	223,824		(223,824)
48.	Net change in capital and surplus (Lines 34 to 47)	(10,590,123)	(2,713,391)	8,272,891
49.	Capital and surplus end of reporting period (Line 33 plus 48)	67,505,320	67,109,161	78,095,443
DETAILS OF WRITE-INS				
4701.	PENSION-RELATED CHANGES OTHER THAN NET PERIODIC PENSION COST	223,824		(223,824)
4702.	.....		
4703.	.....		
4798.	Summary of remaining write-ins for Line 47 from overflow page			
4799.	TOTALS (Lines 4701 through 4703 plus 4798) (Line 47 above)	223,824		(223,824)

STATEMENT AS OF **September 30, 2011** OF THE **McLAREN HEALTH PLAN, INC**

CASH FLOW

		1	2	3
		Current	Prior	Prior
		Year	Year	Year Ended
		To Date	To Date	December 31
Cash from Operations				
1.	Premiums collected net of reinsurance	230,840,810	223,518,938	305,588,198
2.	Net investment income	(182,158)	(254,645)	(318,459)
3.	Miscellaneous income	(932,997)	(936,995)	(1,198,256)
4.	Total (Lines 1 to 3)	229,725,655	222,327,298	304,071,484
5.	Benefit and loss related payments	189,601,707	185,505,960	250,804,755
6.	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts			
7.	Commissions, expenses paid and aggregate write-ins for deductions	22,892,830	20,745,388	29,154,576
8.	Dividends paid to policyholders			
9.	Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses)			
10.	Total (Lines 5 through 9)	212,494,537	206,251,348	279,959,331
11.	Net cash from operations (Line 4 minus Line 10)	17,231,118	16,075,950	24,112,153
Cash from Investments				
12.	Proceeds from investments sold, matured or repaid:			
12.1	Bonds			
12.2	Stocks	6,000	6,000	291,182
12.3	Mortgage loans			
12.4	Real estate			
12.5	Other invested assets			
12.6	Net gains or (losses) on cash, cash equivalents and short-term investments			
12.7	Miscellaneous proceeds		256,246	333,582
12.8	Total investment proceeds (Lines 12.1 to 12.7)	6,000	262,246	624,764
13.	Cost of investments acquired (long-term only):			
13.1	Bonds			
13.2	Stocks	3,107,270	8,809,894	9,148,063
13.3	Mortgage loans			
13.4	Real estate		18,066	26,907
13.5	Other invested assets			
13.6	Miscellaneous applications	150,988		
13.7	Total investments acquired (Lines 13.1 to 13.6)	3,258,258	8,827,960	9,174,969
14.	Net increase (or decrease) in contract loans and premium notes			
15.	Net cash from investments (Line 12.8 minus Lines 13.7 and 14)	(3,252,258)	(8,565,714)	(8,550,205)
Cash from Financing and Miscellaneous Sources				
16.	Cash provided (applied):			
16.1	Surplus notes, capital notes			
16.2	Capital and paid in surplus, less treasury stock			
16.3	Borrowed funds			
16.4	Net deposits on deposit-type contracts and other insurance liabilities			
16.5	Dividends to stockholders	18,000,000	11,000,000	11,000,000
16.6	Other cash provided (applied)	245,612	247,860	332,078
17.	Net cash from financing and miscellaneous sources (Lines 16.1 through 16.4 minus Line 16.5 plus Line 16.6)	(17,754,388)	(10,752,140)	(10,667,922)
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS				
18.	Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	(3,775,528)	(3,241,904)	4,894,026
19.	Cash, cash equivalents and short-term investments:			
19.1	Beginning of year	98,229,158	93,335,132	93,335,132
19.2	End of period (Line 18 plus Line 19.1)	94,453,630	90,093,228	98,229,158

Note: Supplemental Disclosures of Cash Flow Information for Non-Cash Transactions:

20.0001				
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EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	91,918	26	13,003						78,889	
2. First Quarter	91,665	37	13,860						77,768	
3. Second Quarter	91,106	39	15,004						76,063	
4. Third Quarter	92,057	34	16,305						75,718	
5. Current Year										
6. Current Year Member Months	827,322	309	133,232						693,781	
Total Member Ambulatory Encounters for Period:										
7. Physician	531,778	180	77,692						453,906	
8. Non-Physician	108,438	31	13,291						95,116	
9. Total	640,216	211	90,983						549,022	
10. Hospital Patient Days Incurred	48,854		4,104						44,750	
11. Number of Inpatient Admissions	11,399		947						10,452	
12. Health Premiums Written (a)	234,141,027	145,029	42,007,108						191,988,890	
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	234,141,027	145,029	42,007,108						191,988,890	
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	190,924,474	(129,696)	34,654,350						156,399,820	
18. Amount Incurred for Provision of Health Care Services	201,033,719	121,991	35,757,781						165,153,947	

(a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....0.

CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 days	6 Over 120 Days	7 Total
Individually Listed Claims Unpaid						
SPARROW HOSPITAL	10,255					10,255
HURLEY MEDICAL CENTER	10,778					10,778
SPARROW HOSPITAL	10,946					10,946
SPARROW HOSPITAL	10,970					10,970
SPARROW HOSPITAL	10,995					10,995
SPARROW HOSPITAL	11,081					11,081
UNIVERSITY OF MICHIGAN	11,579					11,579
SPARROW HOSPITAL	11,766					11,766
UNIVERSITY OF MICHIGAN	12,133					12,133
INGHAM REGIONAL MEDICAL	12,147					12,147
HURLEY MEDICAL CENTER	12,852					12,852
HURLEY MEDICAL CENTER	12,924					12,924
MIDMICHIGAN MEDICAL	13,277					13,277
SPARROW HOSPITAL	13,840					13,840
INGHAM REGIONAL MEDICAL	13,981					13,981
MCLAREN REGIONAL MEDICAL	14,278					14,278
SPECTRUM HEALTH	14,468					14,468
INGHAM REGIONAL MEDICAL	14,696					14,696
ST JOHN HOSPITAL	15,422					15,422
INGHAM REGIONAL MEDICAL	16,175					16,175
MEMORIAL HEALTHCARE	16,815					16,815
SPARROW HOSPITAL	17,550					17,550
HURLEY MEDICAL CENTER	17,986					17,986
UNIVERSITY OF MICHIGAN	18,461					18,461
SPARROW HOSPITAL	19,244					19,244
RENAL TREATMENT	20,097					20,097
RENAL TREATMENT	20,902					20,902
HURLEY MEDICAL CENTER	21,166					21,166
HENRY FORD HOSPITAL	22,762					22,762
SPARROW HOSPITAL	25,631					25,631
HURLEY MEDICAL CENTER	27,012					27,012
ST JOSEPH MERCY HOSPITAL	27,381					27,381
RENAL TREATMENT	28,147					28,147
SPARROW HOSPITAL	33,719					33,719
MT CLEMENS REGIONAL	40,849					40,849
SPARROW HOSPITAL	44,309					44,309
SPARROW HOSPITAL	65,620					65,620
HURLEY MEDICAL CENTER	82,681					82,681
SPARROW HOSPITAL	124,576					124,576
0199999 Individually Listed Claims Unpaid	929,471					929,471
0299999 Aggregate Accounts Not Individually Listed - Uncovered						
0399999 Aggregate Accounts Not Individually Listed - Covered	20,012,269	23,508	5,801	4,838	82	20,046,498
0499999 Subtotals	20,941,740	23,508	5,801	4,838	82	20,975,969
0599999 Unreported claims and other claim reserves						24,356,835
0699999 Total Amounts Withheld						
0799999 Total Claims Unpaid						45,332,804
0899999 Accrued Medical Incentive Pool And Bonus Amounts						2,650,513

UNDERWRITING AND INVESTMENT EXHIBIT

ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE

Line of Business		Claims Paid Year to Date		Liability End of Current Quarter		5	6
		1	2	3	4	Claims Incurred in Prior Years (Columns 1+3)	Estimated Claim Reserve and Claim Liability Dec 31 of Prior Year
		On Claims Incurred Prior to January 1 of Current Year	On Claims Incurred During the Year	On Claims Unpaid Dec 31 of Prior Year	On Claims Incurred During the Year		
1.	Comprehensive (hospital & medical)	4,660,877	30,088,898	263,754	7,515,996	4,924,631	6,424,631
2.	Medicare Supplement						
3.	Dental only						
4.	Vision only						
5.	Federal Employees Health Benefits Plan						
6.	Title XVIII - Medicare						
7.	Title XIX - Medicaid	22,390,519	131,133,668	1,440,000	36,113,054	23,830,519	28,798,927
8.	Other health						
9.	Health subtotal (Lines 1 to 8)	27,051,396	161,222,566	1,703,754	43,629,050	28,755,150	35,223,558
10.	Healthcare receivables (a)						
11.	Other non-health						
12.	Medical incentive pools and bonus amounts	3,194,228			2,650,513	3,194,228	3,194,228
13.	Totals (Lines 9 - 10 + 11 + 12)	30,245,624	161,222,566	1,703,754	46,279,563	31,949,378	38,417,786

(a) Excludes \$.00 loans or advances to providers not yet expensed.

Notes to Financial Statement

McLaren Health Plan, Inc
September 30, 2011

1. Summary of Significant Accounting Policies
No Change

2. Accounting Changes and Corrections of Errors
A prior period adjustment was made in the 1st qtr 2011 statements, related to the treatment of amounts due to affiliates and aggregate write-in for gains or losses in surplus on the statement of changes in capital and surplus of \$223,824.
- Beginning 1st qtr 2011, there is a reclassification of the JPMorgan Prime Money Market Funds Agency Shares. Short-term investments now include these funds which were previously listed under Cash. On Schedule D, Part 1B, Schedule DA, Part 1 and on Schedule DA Verification, beginning balances as of 12/31/10, have been adjusted to accommodate this reporting change.

3. Business Combinations and Goodwill
No Change

4. Discontinued Operations
No Change

5. Investments
No Change

6. Joint Ventures, Partnerships and Limited Liability Companies
No Change

7. Investment Income
No Change

8. Derivative Investments
No Change

9. Income Taxes
No Change

10. Information Concerning Parent, Subsidiaries and Affiliates

A. Investment in McLaren Health Plan Community.

B. Transactions:

McLaren Health Plan made an investment of \$3,000,000 into McLaren Health Plan Community, which is a wholly owned subsidiary of McLaren Health Plan. This took place on 09/14/11.

McLaren Health Plan paid an \$18,000,000 dividend to its parent company, McLaren Health Care Corporation in August 2011.

C. The amount of the transaction for the investment in McLaren Health Plan Community was \$3,000,000.

The amount of the transaction for the dividend to the parent company was \$18,000,000.

D. Due from Affiliates: \$937,746: amounts due from affiliate for administrative services and information system operations support. The amounts are settled monthly.

Notes to Financial Statement

Due to Affiliates: \$1,377,799: amounts due to affiliate per contract for various administrative support, including personnel and information system operations support. The amounts are settled monthly.

- E. Guarantees or undertakings: No Change
- F. Management Agreements between:
 - 1) McLaren Health Plan and McLaren Health Care Corporation (MHCC): MHCC agrees to provide certain operational services and other resources to McLaren Health Plan: \$1,032,731 Jan-Sept 2011
 - 2) McLaren Health Plan and McLaren Regional Medical Center (MRMC): MRMC agrees to provide certain accounting / resource services to McLaren Health Plan: \$4,911 Jan-Sept 2011
 - 3) McLaren Health Plan and Anthelio: Anthelio agrees to provide certain information technology and telephony services to McLaren Health Plan: \$126,701 Jan-Sept 2011
 - 4) McLaren Health Plan and Health Advantage (HA): McLaren Health Plan agrees to provide to HA certain operational, personnel services and other resources: \$3,028,612 Jan-Sept 2011
 - 5) McLaren Health Plan and McLaren Health Plan Insurance Company (MHPIC): McLaren Health Plan agrees to provide to MHPIC certain operational, personnel services and other resources: \$224,239 Jan-Sept 2011
- G. No Change
- H. No Change
- I. No Change
- J. No Change
- K. No Change
- L. No Change

- 11. Debt
No Change
- 12. Retirement Plans, Deferred Compensation, Post employment Benefits and Compensated Absences and Other Postretirement Benefit Plans
No Change
- 13. Capital and Surplus, Shareholders Dividend Restrictions and Quasi-Reorganizations
(4) Date and amount of dividends issued: An ordinary dividend of \$18,000,000 was paid to McLaren Health Plans parent company, McLaren Health Care Corporation, in August 2011.
- 14. Contingencies
No Change
- 15. Leases
No Change
- 16. Information About Financial Instruments With Off-Balance Sheet Risk and Financial Instruments With Concentrations of Credit Risk
No Change
- 17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities
No Change
- 18. Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans
No Change

Notes to Financial Statement

19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators
No Change
20. Fair Value Measurement
No Change
21. Other Items:
No Change
22. Events Subsequent
No Change
23. Reinsurance
No Change
24. Retrospectively Rated Contracts & Contracts Subject to Redetermination
No Change
25. Change in Incurred Claims and Claim Adjustment Expenses
No Change
26. Intercompany Pooling Arrangements
No Change
27. Structured Settlements
No Change
28. Health Care Receivables
A. Pharmaceutical Rebate Receivables

Quarter	Estimated Rebate	Confirmed	90days	91-180 days	>180 days	total received
12/31/2011						\$ -
9/30/2011						\$ -
6/30/2011						\$ -
3/31/2011					\$ 1,100.40	\$ 1,100.40
12/31/2010					\$105,807.50	\$ 105,807.50
9/30/2010					\$102,997.25	\$ 102,997.25
6/30/2010				\$ 72,222.52	\$ 32,718.12	\$ 104,940.64
3/31/2010				\$ 14,781.45	\$118,639.14	\$ 133,420.59
12/31/2009				\$ 90,150.21	\$ 64,724.34	\$ 154,874.55
9/30/2009					\$137,819.77	\$ 137,819.77
6/30/2009	\$ -			\$ 77,088.53	\$ 56,887.77	\$ 133,976.30
3/31/2009	\$ -				\$130,637.82	\$ 130,637.82
12/31/2008	\$ 18,011.00	\$ 18,011.00		\$ 22,833.02	\$ 91,475.11	\$ 114,308.13
9/30/2008	\$ -			\$ 88,571.81	\$ 13,306.26	\$ 101,878.07
6/30/2008	\$ -			\$ 78,368.82	\$ 12,974.43	\$ 91,343.25
3/31/2008	\$ -			\$ 10,032.27	\$ 75,484.12	\$ 85,516.39
12/31/2007	\$ -		\$ -	\$ -	\$ 84,400.59	\$ 84,400.59
9/30/2007	\$ 36,412.00	\$ 36,412.00	\$ -	\$ -	\$ 47,499.22	\$ 47,499.22
6/30/2007	\$ 395,493.00	\$395,493.00	\$ -	\$ -	\$ 46,548.41	\$ 46,548.41
3/31/2007	\$ 395,493.00	\$395,493.00	\$ -	\$ -	\$104,715.82	\$ 104,715.82

Notes to Financial Statement

B. Risk Sharing Receivables - No Change

29. Participating Policies
No Change

30. Premium Deficiency Reserves
No Change

31. Anticipated Salvage and Subrogation
No Change

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES
GENERAL

- 1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act?

Yes[] No[X]
- 1.2 If yes, has the report been filed with the domiciliary state?

Yes[] No[] N/A[X]
- 2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity?

Yes[] No[X]
- 2.2 If yes, date of change:

.....
3. Have there been any substantial changes in the organizational chart since the prior quarter end?
If yes, complete the Schedule Y - Part 1 - organizational chart.

Yes[X] No[]
- 4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?

Yes[] No[X]
- 4.2 If yes, provide the name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1 Name of Entity	2 NAIC Company Code	3 State of Domicile
.....

5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved?
If yes, attach an explanation.

Yes[] No[] N/A[X]
- 6.1 State as of what date the latest financial examination of the reporting entity was made or is being made.

.....12/31/2010.....
- 6.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released.

.....10/28/2008.....
- 6.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date).

.....10/28/2008.....
- 6.4 By what department or departments?
MICHIGAN OFFICE OF FINANCIAL & INSURANCE REGULATION
- 6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments?

Yes[] No[] N/A[X]
- 6.6 Have all of the recommendations within the latest financial examination report been complied with?

Yes[X] No[] N/A[]
- 7.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period?

Yes[] No[X]
- 7.2 If yes, give full information
- 8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board?

Yes[] No[X]
- 8.2 If response to 8.1 is yes, please identify the name of the bank holding company.
- 8.3 Is the company affiliated with one or more banks, thrifts or securities firms?

Yes[] No[X]
- 8.4 If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Office of Thrift Supervision (OTS), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.]

1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 OTS	6 FDIC	7 SEC
.....	Yes[] No[X]	Yes[] No[X]	Yes[] No[X]	Yes[] No[X]	Yes[] No[X]

- 9.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?
(a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
(b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
(c) Compliance with applicable governmental laws, rules and regulations;
(d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
(e) Accountability for adherence to the code.

Yes[X] No[]
- 9.11 If the response to 9.1 is No, please explain:
- 9.2 Has the code of ethics for senior managers been amended?

Yes[] No[X]
- 9.21 If the response to 9.2 is Yes, provide information related to amendment(s).
- 9.3 Have any provisions of the code of ethics been waived for any of the specified officers?

Yes[] No[X]
- 9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s).

FINANCIAL

- 10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?

Yes[X] No[]
- 10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount:

\$.....114,052

INVESTMENT

- 11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.)

Yes[] No[X]
- 11.2 If yes, give full and complete information relating thereto:
12. Amount of real estate and mortgages held in other invested assets in Schedule BA:

\$.....0
13. Amount of real estate and mortgages held in short-term investments:

\$.....0
- 14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates?

Yes[X] No[]

GENERAL INTERROGATORIES (Continued)

INVESTMENT

14.2 If yes, please complete the following:

	1 Prior Year-End Book/Adjusted Carrying Value	2 Current Quarter Book/Adjusted Carrying Value
14.21 Bonds		
14.22 Preferred Stock		
14.23 Common Stock	9,793,521	12,981,273
14.24 Short-Term Investments		
14.25 Mortgages Loans on Real Estate		
14.26 All Other		
14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26)	9,793,521	12,981,273
14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above		

- 15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB?
15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state?
If no, attach a description with this statement.
- Yes[] No[X]
Yes[] No[] N/A[X]
16. Excluding items in Schedule E - Part 3 - Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 3, III Conducting Examinations, F - Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook?
16.1 For all agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:
- Yes[X] No[]

1 Name of Custodian(s)	2 Custodian Address
JPMORGAN CHASE BANK, NA	1111 POLARIS PARKWAY, COLUMBUS OH 43240 .

16.2 For all agreements that do not comply with the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, location and a complete explanation:

1 Name(s)	2 Location(s)	3 Complete Explanation(s)
.....

- 16.3 Have there been any changes, including name changes, in the custodian(s) identified in 16.1 during the current quarter?
16.4 If yes, give full and complete information relating thereto:
- Yes[] No[X]

1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason
.....

16.5 Identify all investment advisors, brokers/dealers or individuals acting on behalf of broker/dealers that have access to the investment accounts, handle securities and have authority to make investments on behalf of the reporting entity:

1 Central Registration Depository	2 Name(s)	3 Address
.....

- 17.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Securities Valuation Office been followed?
17.2 If no, list exceptions:
- Yes[X] No[]

GENERAL INTERROGATORIES

PART 2 - HEALTH

1. Operating Percentages:	
1.1 A&H loss percent	87.000%
1.2 A&H cost containment percent	0.275%
1.3 A&H expense percent excluding cost containment expenses	12.000%
2.1 Do you act as a custodian for health savings accounts?	Yes[] No[X]
2.2 If yes, please provide the amount of custodial funds held as of the reporting date.	\$..... 0
2.3 Do you act as an administrator for health savings accounts?	Yes[] No[X]
2.4 If yes, please provide the balance of the funds administered as of the reporting date.	\$..... 0

SCHEDULE S - CEDED REINSURANCE
Showing All New Reinsurance Treaties - Current Year to Date

1 NAIC Company Code	2 Federal ID Number	3 Effective Date	4 Name of Reinsurer	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Is Insurer Authorized? (Yes or No)
Accident and Health - Non-affiliates						
22667	95-2371728 .....	..... 01/01/2011	ACE AMER INS CO	PA .....	..... SSL/L/I .....	..... Yes[] No[X]

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories

		1	Direct Business Only						
			2	3	4	5	6	7	8
State, Etc.		Active Status	Accident and Health Premiums	Medicare Title XVIII	Medicaid Title XIX	Federal Employees Health Benefits Program Premiums	Life and Annuity Premiums and Other Considerations	Property/ Casualty Premiums	Total Columns 2 Through 7
1.	Alabama (AL)	N							
2.	Alaska (AK)	N							
3.	Arizona (AZ)	N							
4.	Arkansas (AR)	N							
5.	California (CA)	N							
6.	Colorado (CO)	N							
7.	Connecticut (CT)	N							
8.	Delaware (DE)	N							
9.	District of Columbia (DC)	N							
10.	Florida (FL)	N							
11.	Georgia (GA)	N							
12.	Hawaii (HI)	N							
13.	Idaho (ID)	N							
14.	Illinois (IL)	N							
15.	Indiana (IN)	N							
16.	Iowa (IA)	N							
17.	Kansas (KS)	N							
18.	Kentucky (KY)	N							
19.	Louisiana (LA)	N							
20.	Maine (ME)	N							
21.	Maryland (MD)	N							
22.	Massachusetts (MA)	N							
23.	Michigan (MI)	L	42,152,137		191,988,890				234,141,027
24.	Minnesota (MN)	N							
25.	Mississippi (MS)	N							
26.	Missouri (MO)	N							
27.	Montana (MT)	N							
28.	Nebraska (NE)	N							
29.	Nevada (NV)	N							
30.	New Hampshire (NH)	N							
31.	New Jersey (NJ)	N							
32.	New Mexico (NM)	N							
33.	New York (NY)	N							
34.	North Carolina (NC)	N							
35.	North Dakota (ND)	N							
36.	Ohio (OH)	N							
37.	Oklahoma (OK)	N							
38.	Oregon (OR)	N							
39.	Pennsylvania (PA)	N							
40.	Rhode Island (RI)	N							
41.	South Carolina (SC)	N							
42.	South Dakota (SD)	N							
43.	Tennessee (TN)	N							
44.	Texas (TX)	N							
45.	Utah (UT)	N							
46.	Vermont (VT)	N							
47.	Virginia (VA)	N							
48.	Washington (WA)	N							
49.	West Virginia (WV)	N							
50.	Wisconsin (WI)	N							
51.	Wyoming (WY)	N							
52.	American Samoa (AS)	N							
53.	Guam (GU)	N							
54.	Puerto Rico (PR)	N							
55.	U.S. Virgin Islands (VI)	N							
56.	Northern Mariana Islands (MP)	N							
57.	Canada (CN)	N							
58.	Aggregate other alien (OT)	X X X							
59.	Subtotal	X X X	42,152,137		191,988,890				234,141,027
60.	Reporting entity contributions for Employee Benefit Plans	X X X							
61.	Total (Direct Business)	(a)..... 1	42,152,137		191,988,890				234,141,027

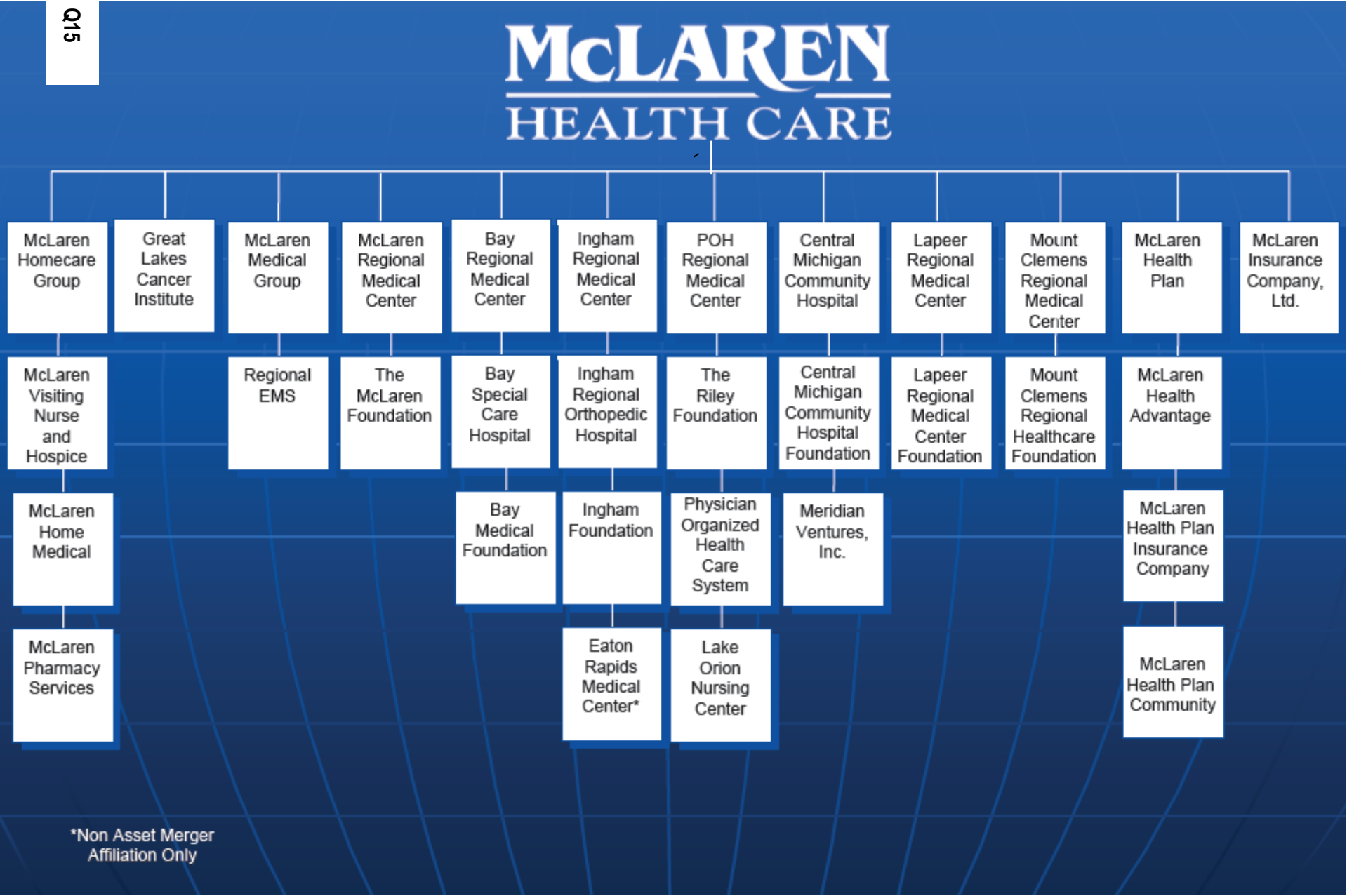
DETAILS OF WRITE-INS

5801.	.....	X X X							
5802.	.....	X X X							
5803.	.....	X X X							
5898.	Summary of remaining write-ins for Line 58 from overflow page	X X X							
5899.	TOTALS (Lines 5801 through 5803 plus 5898) (Line 58 above)	X X X							

(L) Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG; (R) Registered - Non-domiciled RRGs; (Q) Qualified - Qualified or Accredited Reinsurer; (E) Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state; (N) None of the above - Not allowed to write business in the state.

(a) Insert the number of L responses except for Canada and Other Alien.

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER
MEMBERS OF A HOLDING COMPANY GROUP
PART 1 - ORGANIZATIONAL CHART



SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

1. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?

RESPONSE
No

Explanations:

Bar Codes:

Medicare Part D Coverage Supplement



OVERFLOW PAGE FOR WRITE-INS

ASSETS

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1104. OTHER INVESTMENT DEFERRED COMPENSATION	74,008		74,008	54,685
1105. SELF INS TRUST FUND CTF	72,382		72,382	64,405
1197. Summary of remaining write-ins for Line 11 (Lines 1104 through 1196)	146,390		146,390	119,091

STATEMENT AS OF **September 30, 2011** OF THE **McLAREN HEALTH PLAN, INC**
SCHEDULE A - VERIFICATION

Real Estate		
	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year	2,959,988	3,152,449
2. Cost of acquired		
2.1 Actual cost at time of acquisition		
2.2 Additional investment made after acquisition		26,907
3. Current year change in encumbrances		
4. Total gain (loss) on disposals		
5. Deduct amounts received on disposals		
6. Total foreign exchange change in book/adjusted carrying value		
7. Deduct current year's other than temporary impairment recognized		
8. Deduct current year's depreciation	166,106	219,368
9. Book/adjusted carrying value at the end of current period (Lines 1 + 2 + 3 + 4 - 5 + 6 - 7 - 8)	2,793,882	2,959,988
10. Deduct total nonadmitted amounts		
11. Statement value at end of current period (Line 9 minus Line 10)	2,793,882	2,959,988

SCHEDULE B - VERIFICATION

Mortgage Loans		
	1	2
	Year To Date	Prior Year Ended December 31
1. Book value/recorded investment excluding accrued interest, December 31 of prior year		
2. Cost of acquired:		
2.1 Actual cost at time of acquisition		
2.2 Additional investment made after acquisition		
3. Capitalized deferred interest and other		
4. Accrual of discount		
5. Unrealized valuation increase (decrease)		
6. Total gain (loss) on disposals		
7. Deduct amounts received on disposals		
8. Deduct amortization of premium and mortgage interest poin		
9. Total foreign exchange change in book value/recorded inve		
10. Deduct current year's other than temporary impairment recognized		
11. Book value/recorded investment excluding accrued interest at end of current period (Lines 1 + 2 + 3 + 4 + 5 + 6 - 7 - 8 + 9 - 10)		
12. Total valuation allowance		
13. Subtotal (Line 11 plus Line 12)		
14. Deduct total nonadmitted amounts		
15. Statement value at end of current period (Line 13 minus Line 14)		

SCHEDULE BA - VERIFICATION

Other Long-Term Invested Assets		
	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year		
2. Cost of acquired:		
2.1 Actual cost at time of acquisition		
2.2 Additional investment made after acquisition		
3. Capitalized deferred interest and other		
4. Accrual of discount		
5. Unrealized valuation increase (decrease)		
6. Total gain (loss) on disposals		
7. Deduct amounts received on disposals		
8. Deduct amortization of premium and depreciation		
9. Total foreign exchange change in book/adjusted carrying value		
10. Deduct current year's other than temporary impairment recognized		
11. Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 + 6 - 7 - 8 + 9 - 10)		
12. Deduct total nonadmitted amounts		
13. Statement value at end of current period (Line 11 minus Line 12)		

SCHEDULE D - VERIFICATION

Bonds and Stocks		
	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year	17,924,985	8,378,427
2. Cost of bonds and stocks acquired	3,107,270	9,148,063
3. Accrual of discount		
4. Unrealized valuation increase (decrease)	(9,075)	700,632
5. Total gain (loss) on disposals	137	(10,955)
6. Deduct consideration for bonds and stocks disposed of	6,000	291,182
7. Deduct amortization of premium		
8. Total foreign exchange change in book/adjusted carrying value		
9. Deduct current year's other than temporary impairment recognized		
10. Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9)	21,017,318	17,924,985
11. Deduct total nonadmitted amounts		26,475
12. Statement value at end of current period (Line 10 minus Line 11)	21,017,318	17,898,510

SCHEDULE D - PART 1B
Showing the Acquisitions, Dispositions and Non-Trading Activity
During the Current Quarter for all Bonds and Preferred Stock by Rating Class

	1	2	3	4	5	6	7	8
	Book/Adjusted Carrying Value Beginning of Current Quarter	Acquisitions During Current Quarter	Dispositions During Current Quarter	Non-Trading Activity During Current Quarter	Book/Adjusted Carrying Value End of First Quarter	Book/Adjusted Carrying Value End of Second Quarter	Book/Adjusted Carrying Value End of Third Quarter	Book/Adjusted Carrying Value December 31 Prior Year
BONDS								
1. Class 1 (a)	119,636,379		20,772,137		106,749,037	119,636,379	98,864,242	103,834,571
2. Class 2 (a)								
3. Class 3 (a)								
4. Class 4 (a)								
5. Class 5 (a)								
6. Class 6 (a)								
7. Total Bonds	119,636,379		20,772,137		106,749,037	119,636,379	98,864,242	103,834,571
PREFERRED STOCK								
8. Class 1								
9. Class 2								
10. Class 3								
11. Class 4								
12. Class 5								
13. Class 6								
14. Total Preferred Stock								
15. Total Bonds & Preferred Stock	119,636,379		20,772,137		106,749,037	119,636,379	98,864,242	103,834,571

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of non-rated short-term and cash equivalent bonds by NAIC designation: NAIC 1 \$.....98,864,242; NAIC 2 \$.....0; NAIC 3 \$.....0; NAIC 4 \$.....0; NAIC 5 \$.....0; NAIC 6 \$.....0

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SCHEDULE DA - PART 1

Short - Term Investments

	1 Book/Adjusted Carrying Value	2 Par Value	3 Actual Cost	4 Interest Collected Year To Date	5 Paid for Accrued Interest Year To Date
9199999. Totals	98,864,242	X X X	98,864,242	29,239	

SCHEDULE DA - Verification

Short-Term Investments

		1 Year To Date	2 Prior Year Ended December 31
1.	Book/adjusted carrying value, December 31 of prior year	103,834,571	1,216,261
2.	Cost of short-term investments acquired	(4,970,329)	752
3.	Accrual of discount		
4.	Unrealized valuation increase (decrease)		
5.	Total gain (loss) on disposals		
6.	Deduct consideration received on disposals		
7.	Deduct amortization of premium		
8.	Total foreign exchange change in book/adjusted carrying value		
9.	Deduct current year's other than temporary impairment recognized		
10.	Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9)	98,864,242	1,217,012
11.	Deduct total nonadmitted amounts		
12.	Statement value at end of current period (Line 10 minus Line 11)	98,864,242	1,217,012

SI04 Schedule DB - Part A Verification NONE

SI04 Schedule DB - Part B Verification NONE

SI05 Schedule DB Part C Section 1 NONE

SI06 Schedule DB Part C Section 2 NONE

SI07 Schedule DB - Verification NONE

SI08 Schedule E - Verification (Cash Equivalents) NONE

E01 Schedule A Part 2 NONE

E01 Schedule A Part 3 NONE

E02 Schedule B Part 2 NONE

E02 Schedule B Part 3 NONE

E03 Schedule BA Part 2 NONE

E03 Schedule BA Part 3 NONE

SCHEDULE D - PART 3

Show All Long-Term Bonds and Stock Acquired During the Current Quarter

1	2	3	4	5	6	7	8	9	10
CUSIP Identification	Description	Foreign	Date Acquired	Name of Vendor	Number of Shares of Stock	Actual Cost	Par Value	Paid for Accrued Interest and Dividends	NAIC Designation or Market Indicator (a)
8399998	Summary Item from Part 5 for Bonds (N/A to Quarterly)				X X X	X X X	X X X	X X X	X X X
8999998	Summary Item from Part 5 for Preferred Stocks (N/A to Quarterly)				X X X	X X X	X X X	X X X	X X X
Common Stock - Parent, Subsidiaries and Affiliates									
000000000	MCLAREN HEALTH PLAN COMMUNITY		09/14/2011	MCLAREN HEALTH PLAN COMMUNITY		3,000,000	X X X		K
9199999	Subtotal - Common Stock - Parent, Subsidiaries and Affiliates				X X X	3,000,000	X X X		X X X
Common Stock - Mutual Funds									
4812C1553	JPMORGAN EQUITY INDEX FUND		07/01/2011	VARIOUS	315.736	9,463	X X X		L
4812C0167	JPMORGAN MUTUAL SHT DURATION BD FD ULTRA		07/01/2011	VARIOUS	915.551	10,071	X X X		L
4812C0167	JPMORGAN MUTUAL SHT DURATION BD FD ULTRA		08/01/2011	VARIOUS	864.530	9,527	X X X		L
4812C0167	JPMORGAN MUTUAL SHT DURATION BD FD ULTRA		09/01/2011	VARIOUS	967.625	10,663	X X X		L
9299999	Subtotal - Common Stock - Mutual Funds				X X X	39,724	X X X		X X X
9799997	Subtotal - Common Stock - Part 3				X X X	3,039,724	X X X		X X X
9799998	Summary Item from Part 5 for Common Stocks (N/A to Quarterly)				X X X	X X X	X X X	X X X	X X X
9799999	Subtotal - Common Stocks				X X X	3,039,724	X X X		X X X
9899999	Subtotal - Preferred and Common Stocks				X X X	3,039,724	X X X		X X X
9999999	Total - Bonds, Preferred and Common Stocks				X X X	3,039,724	X X X		X X X

QE04 (a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues0.

SCHEDULE D - PART 4
Show All Long-Term Bonds and Stocks Sold, Redeemed, or Otherwise Disposed of
During the Current Quarter

1	2	3 F o r e i g n	4	5	6	7	8	9	10	Change in Book/Adjusted Carrying Value					16	17	18	19	20	21	22
										11	12	13	14	15							
CUSIP Identification	Description		Disposal Date	Name of Purchaser	Number of Shares of Stock	Consideration	Par Value	Actual Cost	Prior Year Book/ Adjusted Carrying Value	Unrealized Valuation Increase/ (Decrease)	Current Year's (Amortization)/ Accretion	Current Year's Temporary Impairment Recognized	Total Change in B./A.C.V. (11 + 12 - 13)	Total Foreign Exchange Change in B./A.C.V.	Book/ Adjusted Carrying Value at Disposal Date	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Bond Interest/ Stock Dividends Received During Year	Maturity Date	NAIC Designation or Market Indicator (a)
8399998	Summary Item from Part 5 for Bonds (N/A to Quarterly)				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
8999998	Summary Item from Part 5 for Preferred Stocks (N/A to Quarterly)				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
Common Stock - Mutual Funds																					
4812C1553	JPMORGAN EQUITY FUND SELECT		07/15/2011	VARIOUS	22.432	667	XXX	655									12	12		XXX	L
4812C0167	JPMORGAN MUTUAL SHT DURATION BD FD ULTRA		08/16/2011	VARIOUS	60.442	667	XXX	642									24	24		XXX	L
4812C0167	JPMORGAN MUTUAL SHT DURATION BD FD ULTRA		09/15/2011	VARIOUS	60.496	667	XXX	643									24	24		XXX	L
9299999	Subtotal - Common Stock - Mutual Funds				XXX	2,000	XXX	1,940									60	60		XXX	XXX
9799997	Subtotal - Common Stocks - Part 4				XXX	2,000	XXX	1,940									60	60		XXX	XXX
9799998	Summary Item from Part 5 for Common Stocks (N/A to Quarterly)				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
9799999	Subtotal - Common Stocks				XXX	2,000	XXX	1,940									60	60		XXX	XXX
9899999	Subtotal - Preferred and Common Stocks				XXX	2,000	XXX	1,940									60	60		XXX	XXX
9999999	Total - Bonds, Preferred and Common Stocks				XXX	2,000	XXX	1,940									60	60		XXX	XXX

(a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues0.

E06 Schedule DB Part A Section 1 NONE

E07 Schedule DB Part B Section 1 NONE

E08 Schedule DB Part D NONE

E09 Schedule DL - Part 1 - Securities Lending Collateral Assets NONE

E10 Schedule DL - Part 2 - Securities Lending Collateral Assets NONE

SCHEDULE E - PART 1 - CASH

Month End Depository Balances

1			2	3	4	5	Book Balance at End of Each Month During Current Quarter			9
Depository			Code	Rate of Interest	Amount of Interest Received During Current Quarter	Amount of Interest Accrued at Current Statement Date	6	7	8	*
							First Month	Second Month	Third Month	
open depositories										
JPMORGAN, CHASE	FLINT, MICHIGAN	09/30/2011 .....					... (4,330,952)	... (7,119,259)	... (4,410,612)	X X X
0199998 Deposits in .....0 depositories that do not exceed the allowable limit in any one depository - open depositories			X X X	... X X X ..						X X X
0199999 Totals - Open Depositories			X X X	... X X X ..			... (4,330,952)	... (7,119,259)	... (4,410,612)	X X X
0299998 Deposits in .....0 depositories that do not exceed the allowable limit in any one depository - suspended depositories			X X X	... X X X ..						X X X
0299999 Totals - Suspended Depositories			X X X	... X X X ..						X X X
0399999 Total Cash On Deposit			X X X	... X X X ..			... (4,330,952)	... (7,119,259)	... (4,410,612)	X X X
0499999 Cash in Company's Office			X X X	... X X X ..	X X X	... X X X ..				X X X
0599999 Total Cash			X X X	... X X X ..			... (4,330,952)	... (7,119,259)	... (4,410,612)	X X X

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

1	2	3	4	5	6	7	8
Description	Code	Date Acquired	Rate of Interest	Maturity Date	Book/Adjusted Carrying Value	Amount of Interest Due & Accrued	Amount Received During Year
<div>NONE</div>							
8699999 Total - Cash Equivalents

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